Administration	T TYPE AND T	DIE COMSTRUCTION	(X3) DATE SURVEY	
IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED	
ALR-0018	B. WING	and the second of the second o	06/11/2015	
STREET A	DORESS, CITY	r, STATE, ZIP GODE		
GIRGLE 1330 MA	SSACHUSE	ETTS AVENUE, NW		
EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX FAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ILD BE COMPLET	
	R 000	This Plan of Correction is subm	nitted	
a anniusted from June 10	i	without denying or acknowled	lging	
	1	that the cited deficiencies exis	t. This	
	plan of correction is a requ		nent of	
	1	the Department of Health.		
The Assisted Living Residence (ALR) provides care for forty-three (43) residents and employs thirty-three (33) employees to Include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews. Please note: Listed below are the abbreviations used in this report Assisted Living Residence (ALR) Director of Nursing (DON) Registered Nurse (RN)		What corrective action(s) will be accomplished to address the iden deficient practice; Residents #1, 2, and 4 have suffere adverse effects as a result of this alleged deficient practice.		
		All residents currently receiving medication have the potential to affected by the alleged deficient	be	
R 802 Sec. 903 2 On-Site Review.		•		
w and interview, the ALR's e resident's response to y-five days for three (3) of		determine the effectiveness and responsiveness to his/her medical These assessments will be document and stored in each resident chart Additionally, each resident will have medication review completed not than every 45 days which include.	itions. lented lented lented less	
£'				
fents #1, #2 and #4 clinical ce that the RN assessed			se,	
1	1	What measures will be put into p	lace	
h the DON on June 11, 2:00 p.m., the DON		or what systemic changes you wi make to ensure that the deficient		
	ALR-0018 STREET AL 1330 MA WASHIN EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION) SIGNATURE CONTROL OF THE STREET AL 1330 MA WASHIN EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION) SIGNATURE CONTROL OF THE STREET AL 1330 MA WASHIN EMENT OF DEFICIENCIES BUT OF THE STREET AL 1330 MA WASHIN EMENT OF DEFICIENCIES BE TRECEDED BY FULL DIDENTIFYING INFORMATION) SIGNATURE CONTROL OF THE STREET AL 1330 MA WASHIN EMENT OF DEFICIENCIES BE TRECEDED BY FULL DIDENTIFY INFORMATION OF THE STREET AL 1330 MA WASHIN EMENT OF THE STREET AL 1330 MA MASHIN EMENT OF THE STREET AL 1330 MASHIN EMENT OF THE STREET AL 1330 MASHIN EMENT OF THE STREET AL 1330 MASHIN EMENT OF THE STRE	ALR-0018 STREET ADDRESS, CITY 1330 MASSACHUSE WASHINGTON, DC EMENT OF DEFICIENCES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) Residence (ALR) TAG Residence (ALR) provides 3) residents and employs byees to Include inistrative staff. The findings sed on observations, record vs. allow are the abbreviations ence (ALR) ION) II RR 000 Residence (ALR) II RR 000 RR 802 RR 803 RR 804 RR 805 RR 806 RR 807 RR 807 RR 807 RR 807 RR 808 RR 809	(X2) MULTIPLE CONSTRUCTION A, BUILDING: ALR-0018 STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005 EMENT OF DEFICIENCIES BUST BE PREVENCED TO THE APPRIL TAGE SECONDUCTED TO THE APPRIL TO DEFICIENCY SECONDUCTED TO THE APPRIL TO DEFICIENCY ASSISTED TO THE APPRIL TO DEFICIENCY R 000 This Plan of Correction is subm without denying or acknowled that the cited deficiencies exis plan of correction is a requirer the Department of Health. Residence (ALR) provides 3) residents and employs operate to include insistrative staff. The findings sed on observations, record (XS). Blow are the abbreviations Bence (ALR) BON A BUILDING: B. WING PROVIDER'S REPERK PLAN OF CORRECT FAG This Plan of Correction is subm without denying or acknowled that the cited deficiencies exis plan of correction is a requirer the Department of Health. What corrective action(s) will be accomplished to address the ide deficient practice; Residents #1, 2, and 4 have suffer adverse effects as a result of this alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents currently receiving medication have the potential to affected by the alleged deficient practice. All residents will be ass by 7/31/15 by a Registered Nurse determine the effectiveness and responsiveness to his/her medication review completed no than every 45 days which include resident responses to prescribed medications. This POC will be completed by the Registered Nurse determine the effectiveness of	

He LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

STATEME	Regulation & Licensing NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0018	(X2) MULTIN	PLE CONSTRUCTION 3:	(X3) DATE SURVEY GOMPLETED	
					1 00/11/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE RE	SIDENCES AT THOMA	S CIRCLE	STON, DC	TTS AVENUE, NW 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE	
R 802	802 Continued From page 1 R 802			practices does not recur; and		
		the aforementioned resident's		Each resident will have a medic		
		necked monthly, however,	Į.	review completed no less than		
	their response to the prescribed medications were not assessed.		20	which includes resident respon-		
				prescribed medications, if nece	,	
R 961	Sec. 1002 1 Fire Sa	Sec. 1002 1 Fire Safety,		This POC will be completed by t		
	(4) A - Al D - E - H E	i		Registered Nurse, DON or her delegate.		
	(1) An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National			How the corrective action (s) w		
				monitored to ensure the deficient		
İ	Fire Protection Association; and Based on observation and interview, it was revealed that the ALR failed to follow the Life Safety Code of the National Fire Protection		practice will not recur, i.e., what			
				quality assurance program will be implemented?		
7	Association	TERROTICAL FORESTEEN		Book of the Plantage in		
	(Section 18.7,8. Portable Space Heating Devices, Portable space-heating devices shall be prohibited in all healthcare occupancies] for one resident residing in the facility. (Resident #5)			Results of the 7/31/15 audit and	d first 2	
				months monthly audits will be		
				submitted to QA to monitor for		
				compliance,		
	The finding includes:			Date of Compliance		
	On June 10, 2015, at approximately 11:30 a.m., observation of Resident #5's bedroom revealed a			7/31/15		
portable operating space heater in			R961			
	2015, at approximate "The nurse just put n ask her why she did Resident #5 revealed heater starting at nig daily.	with Resident #5 on June 10, ally 11:45 a.m. s/he stated, by heater in the closet go and it." Further interview with I that s/he uses the space that through early mornings		Last year, this deficiency was questioned by community staff. However, no appeal was possibl Monetary Penalty was assessed, discussion with the department health a monetary penalty will b	Upon of e	
During an interview with the DON on June 10, 2015, at approximately 12:15 p.m., the DON indicated that the family was suppose to pick up the heater.			e e	issued, thus allowing the community to appeal per dc regulation and the issue to be resolved unlike last year.		

L Health Regulation & Licensing Administration STATE FORM

JD9411

if continuation sheet 2 of 3

STATEME	Regulation & Licensin NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED 06/11/2015	
		ALR-0018			1 001	11/2015	
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE TTS AVENUE, NW			
THE RE	SIDENCES AT THOMA	SCIRCLE	INGTON, DC				
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETE DATE	
R 961	Note: This is a repersame resident using November 2014 sur (POC) dated Decempending legal appearance in the assisted date, the Department and Licensing Admit not been informed o	at deficiency [in regards to to a space heater] from the vey. The Plan of Correction abor 27, 2014 Indicated that al, no space heaters will be living neighborhoods. To at of Health/Health Regulation istration (DOH/HRLA) have if any legal decision made in the use of space heaters is	on e	What corrective action(s) vaccomplished to address the deficient practice; The space heater was immoremoved from the resident Pending the outcome of the space heater may or may not allowed to go back into the space heater will not be allowed to go back into the space heater will not be allowed to go back into the space heater will not be allowed to go back into the space heater will be put or what systemic changes ymake to ensure that the depractices does not recur; and Pending the outcome of the space heaters are not allowed. Assisted Living, all staff and will be in-serviced regarding decision. Rooms will be sweemonth for three months to compliance. Results will be QA. How the corrective action (monitored to ensure the depractice will not recur, i.e., quality assurance program wimplemented? Rooms will be swept once and three months to monitor for	ediately 's room. appeal, the ot be room. The owed in the ass is into place rou will ficient ad appeal, if ed in residents g the apt once a monitor for reported to s) will be eficient what ill be		
al(h Regula ATE FORM	ition & Licensing Administr	rallon	6457	compliance. Results will be re QA. Date of Compliance	ported to	n sheet 3 of 3	
1-1-0	256W	801 DOW		7/31/15 (or later, depending scheduled appeal)	on the		